



LOS ANGELES COUNTY COMMISSION ON HIV

3530 Wilshire Boulevard, Suite 1140 • Los Angeles, CA 90010 • TEL (213) 738-2816 • FAX (213) 637-4748

www.hivcommission-la.info

STANDARDS OF CARE COMMITTEE MEETING MINUTES

December 2, 2010

Approved
3/3/2011

MEMBERS PRESENT	MEMBERS ABSENT	PUBLIC	HIV EPI AND OAPP STAFF	COMM STAFF/ CONSULTANTS
Angélica Palmeros, <i>Co-Chair</i>	Robert Butler	Miki Jackson	None	Jane Nachazel
Fariba Younai, <i>Co-Chair</i>	David Giugni	Jason Wise		Glenda Pinney
Mark Davis	Jenny O'Malley			Craig Vincent-Jones
Louis Guitron	Jennifer Sayles			
Terry Goddard				
Brad Land				
Carlos Vega-Matos				

CONTENTS OF COMMITTEE PACKET

- 1) **Agenda:** Standards of Care Committee Agenda, 12/2/2010
- 2) **Table:** Los Angeles County Commission on HIV, Standards of Care (SOC) Committee, FY 2010 Work Plan, 12/2/2010
- 3) **Handbook:** Standards of Care (SOC) Committee Handbook, 12/2/2010
- 4) **Policy/Procedure:** HIV Continuum of Care Grievance Process, 12/2/2010
- 5) **Letter:** Approval of Grievance Procedures Mandated in the Ryan White Reauthorized CARE Act of 1996 for the Department of Health Services, 4/24/1997
- 6) **Memorandum:** Quarterly Aggregate Grievance Reports, 1/18/2005
- 7) **Minutes:** Standards of Care (SOC) Committee Meeting Minutes, 12/2/2004
- 8) **Table:** Office of AIDS Programs and Policy, Quality Management Section, Complaints & Grievances Quarterly Report, 2003
- 9) **Presentation:** Office of AIDS Programs and Policy, Office of the Medical Director, Quality Management Unit, Complaints Based on Bill of Rights, Annual Report, January – December 2007, 2008

1. **CALL TO ORDER:** Dr. Younai called the meeting to order at 10:20 am.
2. **APPROVAL OF AGENDA:**
MOTION #1: Approve the Agenda Order (*Passed by Consensus*).
3. **APPROVAL OF MEETING MINUTES:**
MOTION #2: Approve the Standards of Care Committee meeting minutes (*Postponed*).
4. **PUBLIC COMMENT, NON-AGENDIZED:** There were no comments.
5. **COMMISSION COMMENT, NON-AGENDIZED:** There were no comments.
6. **PUBLIC/COMMISSION COMMENT FOLLOW-UP:** There were no comments.
7. **CO-CHAIRS' REPORT:**
A. Committee Work Plan Review: No new information to report.

B. Committee Handbook:

- Mr. Vincent-Jones said he incorporated comments from the last meeting into the handbook, but has received none since. He will be finalizing the handbook soon, so it will be ready for the New Member Orientation.
- New Member Orientation will begin after the January Commission meeting with the review of the Commission Handbook. Committee handbooks will be reviewed after the February Commission meeting. The March through July interactive sessions will address various aspects of Commission work such as the Priority- and Allocation-Setting process.
- ➡ Committee Co-Chairs will review the Handbook and provide any input to Mr. Vincent-Jones in the next few days.

8. GRIEVANCE POLICY AND PROCEDURE:

A. Pol. #05.8001: Grievance Procedures:

- Mr. Vincent-Jones would like to open a two-month public comment period at the 12/9/2010 Commission. The policy is needed for publication of the Standards of Care and must be approved by County Counsel, HRSA and the Board.
- The policy identifies Commission grievance authority regarding service- and system-level grievances that addresses adherence to the continuum of care; the comprehensive care plan; and priorities, allocations and directives.
- It distinguishes this authority from that of grievances regarding service provision, which is administered by OAPP, as well as a separate policy for internal Commissioner-related grievances.
- Mr. Vega-Matos reported each OAPP contract includes the Patient's Bill of Rights and a patient-level grievance process. All contractors must display Grievance Line posters. The Commission plans Patient's Bill of Rights companion posters.
- The policy commits to efficiency in addressing grievances, including partnership of the Commission and OAPP to ensure grievances are referred promptly to the proper body regardless of which body receives them initially.
- The Commission's grievance procedures are based on those used for the one grievance filed with the Commission previously. There are non-binding and binding options. Anonymous complaints are accepted, but not preferred. The Executive Committee acts as the non-binding hearing body and may render any range of directives and recommendations, including referral to binding arbitration.
- Mr. Vincent-Jones is working to develop appropriate criteria for the Executive Committee to refer to binding arbitration should the non-binding hearing not satisfy the complaint. Binding arbitration requires expenditure of Commission funds, so criteria need to ensure appropriate evaluation and resolution of potential nuisance complaints.
- He is also working to develop appropriate language to address situations in which an Executive Committee decision resulted in changes to service allocations, e.g., should a complaint pertain to allocations.
- The Executive Committee's recommended non-binding resolution previously is presented to the Commission for approval, but Mr. Vincent-Jones recommended the Committee make the final determination and only report results.
- A grievance will be heard at the first Executive Committee meeting after receipt. If the complaint is against a party, that party will receive equivalent time and materials space at the subsequent Executive Committee meeting. Resolution will follow presentation(s). The timeline may be delayed only with consent of the party(ies).
- The Brown Act precludes a closed session except for personnel matters or pending litigation.
- ➡ Mr. Vega-Matos will confer with Michael Green to ascertain if a general grievance process is on the OAPP website. If so, he will try to e-mail the information to Mr. Vincent-Jones by 12/6/2010 to include this policy for the January Commission meeting.
- ➡ Include option for complainant to confidentially discuss the grievance with the Executive Committee Co-Chairs.
- ➡ Include language that grievances may be heard in closed session "if allowed by law."
- ➡ Include HIPAA regulations regarding patient-level consumer information.

9. STANDARDS OF CARE:

A. Case Management, Housing: Work continues on this standard.

B. Medical Care Coordination (MCC):

1) OAPP Recommendations Follow-up:

- Mr. Vincent-Jones asked for clarification regarding the relationship of Benefits Specialty and MCC. Mr. Vega-Matos said Benefits Specialty will be assessed during centralized screening and enrollment which precedes MCC.

- That centralized screening and enrollment process is not a site, but a database accessible from any site. Once enrolled, the client will receive an identification card for the system of care. OAPP is also reviewing possible access to the eligibility screen for all providers to use until the new data management system is up and running.
- Mr. Vincent-Jones noted MCC was conceptualized as the primary entry point with screening and acknowledged not all clients would need all services. Benefits Specialty was intended for secondary, not intake, level services. The OAPP plan is inconsistent with those standards, although there are means of resolving the discrepancy: for example, the MCC allocation could be increased for intake, if needed and appropriate, or the Benefits Specialty standard and allocation could be expanded to accommodate intake services.
- Mr. Vega-Matos said the MCC staffing pattern for eligibility screening, benefits enrollment and advocacy would derail work of social workers and nurses for the 3,000 to 4,000 clients who need linkage to care and adherence.
- Ms. Palmeros said it was anticipated that lower level MCC staff would address screening. Mr. Vega-Matos said decoupling centralized enrollment from MCC would alleviate the overload which will only increase as the many changes to the system roll out. It would also facilitate earlier screening and a better focus on those needing MCC.
- Mr. Vincent-Jones said there were two separate questions: procurement, which is an OAPP responsibility; and standardizing and paying for the service, which is a Commission responsibility. If OAPP felt MCC and Benefits Specialty should be addressed differently, then the standards would need to be revised. There was general agreement that centralized intake itself was valuable, but the standards are not consistent with the OAPP plans.
- Dr. Younai felt everyone should receive a full assessment at initial contact. Mr. Vega-Matos replied not all are Ryan White-eligible, so centralized intake first ensures people are guided to the appropriate, reimbursable care.
- Mr. Vincent-Jones noted everything OAPP recommended as centralized intake was discussed in the context of both MCC and Benefits Specialty, but was envisioned as part of MCC as it was felt that should most regularly often be the first contact. Mr. Vega-Matos noted changes in the health care landscape are expected to result in 70% of Ryan White clients migrating out of Ryan White health care, but many will likely still need other services. Benefits Specialty will help them navigate an increasingly complex system.
- ➡ Mr. Vega-Matos will e-mail a matrix of the recommendations; SOC will review the MCC and Benefits Specialty Standards of Care after receipt of the matrix.

C. Health Insurance Premiums/Cost-Sharing (HIP/C-S):

1) **Focus Group:**

- Mr. Vincent-Jones said a focus group had been scheduled for 12/14/2010, but several key people could not attend.
- ➡ Mr. Vincent-Jones will coordinate with Mr. Vega-Matos, Mr. Land and Ms. Palmeros on a new date.

D. Early Intervention Services (EIS): Kathleen Clannon and Phil Meyer will start work after 1/1/2011. The standard needs to incorporate and reflect the medical home concept more, which is a key part of health care reform. Mr. Vega-Matos also recommended ensuring that Testing and Linkage to Care Plus (TLC+) is incorporated.

E. FY 2011 RFP/Contracting Schedule:

- Mr. Vincent-Jones noted the Standards of Care Policy/Procedure calls for each standard to be reviewed every four years. The goal is to link review with OAPP's contracting schedule, so any changes can be reflected in new contracts.
- Mr. Vega-Matos said OAPP plans an in-depth review of Substance Abuse to include services, staffing and indicators. Research has begun and a RFP is planned for release 6/30/2011. Revisions will include more information on evidence-based interventions, a move toward more evidence-based clinical models with performance measures, and more robust treatment for both PWH and high-risk sero-negative gay men and transgenders as a prevention strategy.
- Mr. Vincent-Jones said that changes to the service category must be consistent with the substance abuse standards of care, or OAPP must recommend changes to the standards for SOC to consider.
- ➡ Mr. Vega-Matos will provide a RFP schedule.

10. PRIORITY- AND ALLOCATION-SETTING (P-AND-A) RECOMMENDATIONS: SOC is scheduled to begin addressing three of the four Priorities and Planning (P&P) Committee directive recommendations from the last priority- and allocation-setting process. The remaining directive will be taken up at the January meeting.

A. Seasonality of Mental Health, Psychotherapy:

- Mr. Vega-Matos said the subject evolved out of a presentation to P&P. He has the draft report which addresses challenges with reliance on interns, especially regarding continuity of care. OAPP has taken corrective measures.

- ➡ Mr. Vega-Matos will present to SOC on the subject at the February meeting.

B. Substance Abuse Consistency with HRSA:

- Ms. Pinney noted Juhua Wu had raised the issue of HRSA and Substance Abuse Standard of Care consistency.
- ➡ Mr. Vega-Matos will update Ms. Wu on Substance Abuse service category work and report back.

C. Cost Impact and Standards Feasibility:

- Mr. Vincent-Jones said this directive reflected two concerns: whether existing standards are cost-prohibitive and whether standard development as a whole should consider fiscal impact, especially considering the changing landscape.
- He said this was a macro-level issue that might best be addressed by a work group, but need not be done in time for the next P-and-A process. To date, standards have considered only the care itself based on scientific data, standards of practice in the community and national standards. There are various ways to address cost in that context.
- Mr. Vega-Matos felt there was a responsibility to look at cost in order to ensure resources are sufficient, e.g., requiring credentialed staff costs more than non-credentialed staff. Laboratory tests can also affect cost, e.g., the rate study for substance abuse does not factor in laboratory costs though best practices may expect them.
- Mr. Vincent-Jones noted that if minimum expectations for a standard adhere to Public Health Services standards, then SOC may not need to address cost, though P&P still would have to address it as part of allocations.
- Mr. Vega-Matos noted there are many variables in play now due to health care reform and development of a new continuum of care. He felt financial modeling might be premature. Mr. Vincent-Jones agreed, but felt it would add to the development of the final end-product.
- ➡ Initiate Cost Impact Work Group with Dr. Davis, Mr. Vega-Matos and Dr. Younai. It will meet 1/6/2011 at 9:00 am.

11. QUALITY MANAGEMENT REVIEW:

- Mr. Vincent-Jones noted this was in the work plan and picks up on the quarterly grievance aggregate reporting initiated in 2004. SOC received one quarterly report before personnel departures interrupted reporting. OAPP followed up with a report on 2007 data to the Commission, but there has been no report since. Such reporting is called for in legislation.
- ➡ Mr. Vega-Matos will refer the subject to Mary Orticke.

12. SPECIAL POPULATION GUIDELINES: This item was postponed due to other priorities. Of the 15 populations, three of the guidelines are finalized and another five have been drafted.

13. EVALUATION OF SERVICE EFFECTIVENESS (ESE):

- Mr. Vincent-Jones reported he continued to work on scheduling the next meeting with the LA Gay and Lesbian Center to complete discussion on their ESE survey comments. Their comments have been very fruitful, so they deserve the attention.
- ➡ Mr. Guitron will follow-up with the LA Gay and Lesbian Center.
- ➡ Mr. Vincent-Jones will send Mr. Vega-Matos remaining data on the other quadrants of the ESE.
- ➡ Both the Medical and Oral Health surveys will be distributed simultaneously. Final editing of the provider surveys is hoped for in January 2011.

14. CONTINUUM OF CARE: This item was postponed.

15. AETC REPORT: Tom Donohoe, Lilia Espinoza and Phil Meyer, Pacific AETC, will present at the 12/9/2010 Commission meeting.

16. NEXT STEPS: There was no additional discussion.

17. ANNOUNCEMENTS: There were no announcements.

18. ADJOURNMENT: The meeting was adjourned at 11:45 pm.